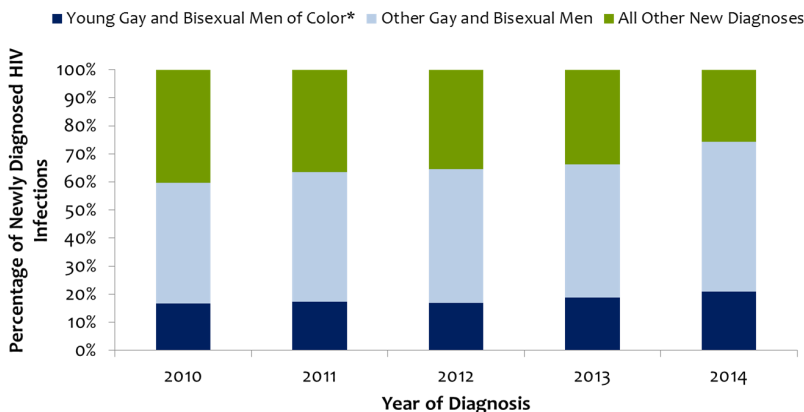


New HIV Diagnoses in North Carolina among Young Gay and Bisexual Men of Color, 2014

The proportion of new HIV diagnoses among young gay and bisexual men of color has increased in the past few years.

HIV Diagnoses among Adults and Adolescents by Hierarchical Risk



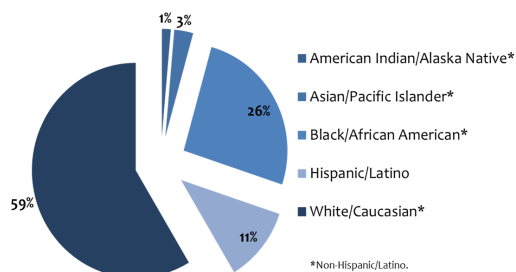
*Includes American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, Hispanic/Latino, and Multiple Races.

In 2014:

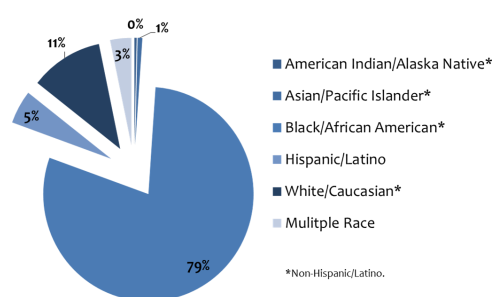
- 378 (28%) of the 1,351 newly diagnosed HIV infections were among 13 to 24 year olds.
- Of those 378 newly diagnosed persons, 280 (74%) were among gay and bisexual men of color (non-White/Caucasian).

Young gay and bisexual men of color in North Carolina are disproportionately affected by HIV infection.

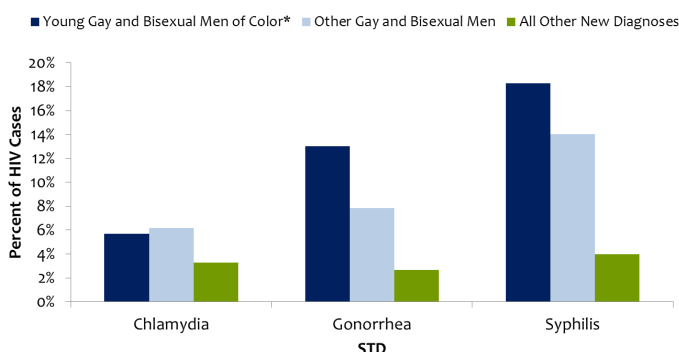
Population of Young (13 to 24 years old) People by Race/Ethnicity



HIV Diagnoses among Young (13 to 24 years old) Gay and Bisexual Men by Race/Ethnicity



HIV Co-infection among Adults and Adolescents by STD, 2014



*Includes American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, Hispanic/Latino, and Multiple Races.

**HIV co-infection with STD at the same time of HIV diagnosis or anytime after HIV diagnosis.

Overall, the proportion of sexually transmitted disease (STD) co-infections with HIV-infected individuals was higher among young gay and bisexual men of color than other gay and bisexual men and other new diagnoses.

Want More Information?

HIV/STD Facts and Figures web site:

<http://epi.publichealth.nc.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention Fact Sheets on HIV and Gay and Bisexual Men (MSM):

<http://www.cdc.gov/hiv/group/msm/>

Contact Us

North Carolina
DHHS
Communicable
Disease Branch

Phone:

(919) 733-3419

Mailing Address:

Communicable
Disease Branch
Epidemiology
Section
1902 Mail Service
Center
Raleigh, NC 27699-1902

State of North Carolina •
Pat McCrory, Governor
Department of Health and
Human Services •

Richard O. Brajer, Secretary
Division of Public Health •
Randall Williams, M.D., State
Health Director
HIV/STD Surveillance Unit
www.ncdhhs.gov •
www.publichealth.nc.gov

N.C. DHHS is an equal
opportunity employer and
provider.

Created by the HIV/STD
Surveillance Unit

4/29/2016

New HIV Diagnoses in North Carolina among Young Gay and Bisexual Men of Color, 2014

What is North Carolina doing to decrease HIV infection among young gay and bisexual men of color?

- North Carolina's Care and Prevention in the United States (CAPUS) program provides a variety of interventions targeting the needs of HIV-infected people of color across the state. These include Patient Navigation, Safe Spaces, and two Men's Clinics. Please see the side bar for a link to more information about CAPUS programs in North Carolina.
- Nationally, clinicians are helping people at high risk of acquiring HIV by offering pre-exposure prophylaxis (PrEP); see the side bar for North Carolina links.

What CLINICIANS can do

If your patient is sexually active and HIV positive, talk with your patients about their sexual health. They should also be tested for syphilis and other sexually transmitted diseases (STDs) regularly. Syphilis prevention is HIV prevention.

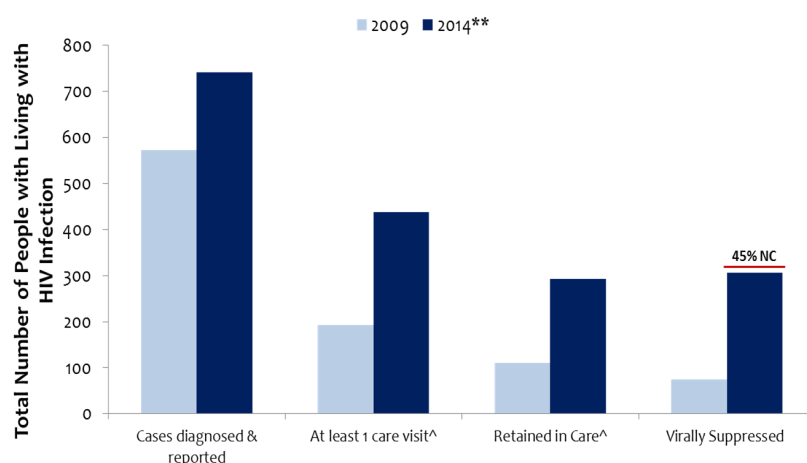
If you are a care provider, ensure that you receive regular cultural competency training in order to better meet the changing needs of your patient population (resources in sidebar).

More than half of the young gay and bisexual men of color in North Carolina with HIV are not receiving the full benefit of treatment

The successful treatment of HIV results in no detectable HIV in the blood, known as viral suppression. Viral suppression reduces the risk of HIV transmission to near zero.

For young (13 to 24 years old) gay and bisexual men of color diagnosed with HIV through 2013 and alive through 2014, only 41% were virally suppressed. This level of viral suppression is lower than for gay and bisexual men of color of all ages (45%) as well as all people living with HIV regardless of risk (45%).

North Carolina HIV Continuum of Care among Young Gay and Bisexual Men of Color* Evaluation Years 2009 and 2014



*American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, Hispanic/Latino, Multiple Race.

**2014 data are preliminary (do not include vital records or national death matches).

^At least 1 care visit in a given year; Retained in care is having 2 care visits at least 3 months apart in a given year.

Legend: year shown refers to the year in which care measures were evaluated; cases were diagnosed and reported between the beginning of the epidemic and the end of the prior year. For example, the data labeled "2009" represent all cases diagnosed and reported through 12/31/2008, and had care visits or were virally suppressed during calendar year 2009.

What YOU can do

If you have HIV, seek treatment: you deserve a long and happy life!

For help, see the AIDS Drug Assistance Program (ADAP) resources in the side bar.

CAPUS in North Carolina and Cultural Competency (C3)

Trainings web site:

<http://www.med.unc.edu/ncaidstraining/capus>

For information about Pre-exposure prophylaxis (PrEP) and a map of North Carolina PrEP providers:

<https://www.med.unc.edu/ncaidstraining/prep/PrEP-for-consumers>

Recommendations from the CDC 2015 STD Treatment Guidelines:

- In HIV care settings, patients should be screened for syphilis at least annually and every 3 to 4 months if sexually active.

Data Source:
enhanced HIV/AIDS Reporting System (eHARS) (data as of June 25, 2015).

ADAP web site:
<http://epi.publichealth.nc.gov/cd/hiv/program.html>

Created by the HIV/STD Surveillance Unit
4/29/2016